

PART B—ISSUE FEE TRANSMITTAL

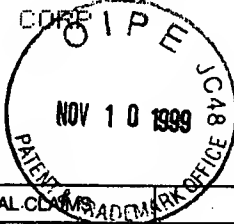
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CIBA SPECIALITY CHEMICALS CORP
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Andrea DeCecchis

(Depositor's name)

Andrea DeCecchis

(Signature)

November 4, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/099,218	06/18/98	013	GANEY, S	3752 08/24/99
First Named Applicant: COLE, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: IRRIGATION METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 045796	239-010.000	A47	UTILITY	NO	\$1210.00	11/24/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/127) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. David R. Crichton

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. Reel: 9920 Frame: 0566 Rec: 4/12/99

(A) NAME OF ASSIGNEE

Ciba Specialty Chemicals Water Treatments Limited

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

West Yorkshire, Bradford England

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies _____

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Reg. No.

(Date)

David R. Crichton 37.300

NOV 4 1999

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01 FEB 1999 1210.00 CH
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